



Final Disposition

Fill in after sentence has been pronounced.

◆ SENTENCE

	Years	Months	Days	
Total Time Imposed Before Suspension <input type="checkbox"/> Life Sentence +	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Total Time to Serve (effective) <input type="checkbox"/> Life Sentence +	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Sentenced to Time Served
Post Release Term §18.2 -10	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Post Release Supervision Period §19.2 - 295.2 (A)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Probation Period (Supervised) §19.2 - 303 <input type="checkbox"/> Indefinite	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Check all that apply

☐ Incarceration Sentence to Run Concurrently With Another Sentencing Event

☐ Written Plea Agreement Accepted ☐ Oral Sentence Recommendation Accepted

☐ Restitution \$, , . ☐ Fine \$, , .

Other Sentencing Programs (Check all that apply)

<input type="checkbox"/> Day Reporting	<input type="checkbox"/> Community-Based Program _____ <small>Specify type or name of program</small>
<input type="checkbox"/> Diversion Center Incarceration	<input type="checkbox"/> Detention Center Incarceration
<input type="checkbox"/> Electronic Monitoring	<input type="checkbox"/> Drug Court
<input type="checkbox"/> Unsupervised Probation	<input type="checkbox"/> Intensive Probation
<input type="checkbox"/> §18.2-251	<input type="checkbox"/> Youthful Offender
	<input type="checkbox"/> Other _____ <small>Specify type or name of program</small>

Office Use Only

<input type="text"/>	<input type="text"/>
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◆ REASON FOR DEPARTURE

Must be completed pursuant to §19.2-298.01(B)

Office Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>
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◆ SENTENCING DATE

/ /
Month Day Year

Judge's Signature

◆ ATTACH COURT ORDER AND MAIL

Pursuant to §19.2-298.01(E) _____

After sentencing, send to:

Virginia Criminal Sentencing Commission • Fifth Floor • 100 North Ninth Street • Richmond, Virginia 23219

Office Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Error Code	Audit Code	PSI	Misc.	

Murder/Homicide Section A

Offender Name: _____

◆ Primary Offense

- A. First degree murder Completed: 1 count 9
Attempted or conspired: 1 count 8
- B. Second degree murder or felony homicide
Completed: 1 count 8
Attempted or conspired: 1 count 4
- C. Voluntary manslaughter
Attempted, conspired or completed: 1 count 5
- D. Involuntary manslaughter
Completed: 1 count 1
2 counts 3
Attempted or conspired: 1 count 1
- E. Aggravated vehicular manslaughter 1 count 8

Score

0	
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◆ Primary Offense Additional Counts Total the maximum penalties for counts of the primary not scored above

- Years: 10 - 17 5
18 - 27 6
28 - 37 7
38 or more 8

0	
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◆ Additional Offenses Total the maximum penalties for additional offenses, including counts

- Years: Less than 1 0
1 - 7 4
8 - 17 5
18 - 27 6
28 - 37 7
38 or more 8

0	
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◆ Weapon Used

- None 0
Automobile, simulated weapon or other than listed below 4
Knife or firearm 5

0	
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◆ Mandatory Firearm Conviction for Current Event

If YES, add 3 →

0	
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◆ Prior Convictions/Adjudications Total the maximum penalties for the 5 most recent and serious prior record events

- Years: Less than 1 0
1 - 12 1
13 - 28 2
29 - 42 3
43 or more 4

0	
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SCORE THE FOLLOWING ONLY IF PRIMARY OFFENSE AT CONVICTION IS
INVOLUNTARY MANSLAUGHTER WITH A VEHICLE (§18.2-36.1(A) OR (B))

◆ Prior Criminal Traffic Misdemeanors

- Number: 1 2
2 4
3 5
4 6
5 or more 7

0	
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Total Score

If total is 7 or less, the guidelines sentence is **Probation/No Incarceration or Incarceration to 6 Months**. If total is 8 or more, go to **Section C**.

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Murder/Homicide Section C

Offender Name: _____

____ Prior Record Classification _____

◆ Primary Offense

☐ Category I ☐ Category II ☐ Other

A. First degree murder

Completed: 1 count Life 596 335
 2 counts Life 652 367
 Attempted or conspired: 1 count 120 118 59

B. Second degree murder or felony homicide

Completed: 1 count 354 236 205
 Attempted or conspired: 1 count 120 118 59

C. Voluntary manslaughter

Completed: 1 count 120 96 48
 2 counts 144 96 48
 Attempted or conspired: 1 count 60 48 24
 2 counts 96 48 24

D. Involuntary manslaughter

Completed: 1 count 76 38 19
 Attempted or conspired: 1 count 60 38 19

E. Aggravated vehicular manslaughter, attempted, conspired or completed: 1 count 213 142 71

Score

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or

<input type="checkbox"/> Life

◆ Primary Offense Additional Counts Assign points to each count of the primary not scored above and total the points

Primary offense completed first degree murder

Maximum Penalty (years)	Points
Life	34

Primary offense other than completed first degree murder

Maximum Penalty (years)	Points
10	11
20	21
40	42

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◆ Additional Offenses Assign points to each additional offense (including counts) and total the points

Primary offense completed first degree murder

Maximum Penalty (years)	Points
Less than 1	0
1	1
2	2
3	3
4	3
5	4
10	9
20	17
30	26
40 or more	34

Primary offense other than completed first degree murder

Maximum Penalty (years)	Points
Less than 1	0
1	1
2	2
3	3
4	4
5	5
10	11
20	21
30	32
40 or more	42

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◆ Prior Convictions/Adjudications Assign points to the 5 most recent and serious prior record events and total the points

Primary offense completed first degree murder

Maximum Penalty (years)	Points
Less than 1	0
1, 2	1
3	2
4, 5	3
10	7
20	14
30	20
40 or more	27

Primary offense other than completed first degree murder

Maximum Penalty (years)	Points
Less than 2	0
2, 3	1
4, 5	2
10	3
20	6
30	10
40 or more	13

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◆ Weapon Used, Brandished, Feigned or Threatened

Primary offense completed first degree murder

If YES, add 32

Primary offense other than completed first degree murder

Do Not Score

0		
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◆ Legally Restrained at Time of Offense

Primary offense completed first degree murder

If YES, add 13

Primary offense other than completed first degree murder

If YES, add 2

0		
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Total Score

See **Murder/Homicide Section C Recommendation Table** for guidelines sentence range.

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Offender Name: _____

Offense	Counts	VCC	Offense Date					
			Month		Day		Year	
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